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NOTE: Completing this authorization form satisfies your obligation under 28 U.S.C. § 1915(a)(2) to submit a certified copy of your trust fund account.

I, BRIAN DOUGLAS , request and authorize the agency holding me in custody to send to the Clerk of Court, United States District Court for the Middle District of Pennsylvania, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) at the institution where I am incarcerated. I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust account (or institutional equivalent) in the amounts specified by 28 U.S.C § 1915(b).

This authorization is furnished in connection with the filing of a civil action, and I understand that the filing fee for the complaint is \$150.00. I also understand that the entire filing fee will be deducted from

agency into whose custody I may be transferred.

FILED

SCRANTON

JUN 02 2000

This authorization shall apply to any other

Date: MAY 19 , \$2000

my account regardless of the outcome of my civil action.

DEPUTY CLERK

Signature of Prisoner

Signature of Prisoner